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CONFIRMATION NO. 4362

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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/187,489 07/02/2002 which is a DIV of 09/630,319 07/31/2000
which is a DIV of 08/960,774 10/30/1997 PAT 6,239,116
which is a CIP of 08/738,652 10/30/1996 PAT 6,207,646
which is a CIP of 08/386,063 02/07/1995 PAT 6,194,388
which is a CIP of 08/276,358 07/15/1994 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/14/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	19	35	5
Verified and Acknowledged	<i>C. M. Lockhart</i> <i>10/07/03</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Methods for treating and preventing infectious disease

FILING FEE RECEIVED 2660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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